



# SCREEN ACTORS GUILD

## MEMBER RECORDS UPDATE FORM

TV/Theatrical Residuals

### [TO UPDATE THE MAILING ADDRESS FOR RESIDUALS INFORMATION:]

I direct SAG to send all residuals checks received on my behalf to the address below.

\*NOTE: Non-Franchised agents may not be listed as your primary contact. If you have any questions as to your agent's status with the Guild, please contact the Agency Department at 323-549-6745 (Hollywood) or 212-827-1438 (New York) for additional information before completing this form. **Failure to follow these procedures correctly may significantly delay processing your requested changes, as well as receipt of residuals checks or important billing information.**

LEGAL NAME: \_\_\_\_\_ PROFESSIONAL NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SAG ID NUMBER: \_\_\_\_\_

ADDRESS \*: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

LOAN OUT Name :( if applicable) \_\_\_\_\_ FEDERAL TAX ID NUMBER: \_\_\_\_\_

LOAN OUT Address :( if different from above) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Check here if above address is intended **ONLY** for receiving **residual payments**. If you are a **SAG member**, and you also wish to update your **Primary and/or Billing address** and they are different than the above address, please fill out the appropriate section on page two (2) of this form. Remember to sign both pages.

### [MEMBER AUTHORIZATION:]

To maintain confidentiality and avoid unauthorized changes, you must sign this form below. Then fax, email or mail this form to the Guild.

LEGAL SIGNATURE: \_\_\_\_\_

PROFESSIONAL SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

If member is a minor, signatures of both parents or legal guardian are needed. Legal proof of guardianship is required.

FAX, EMAIL OR MAIL TO:  
Screen Actors Guild  
Attn: Residuals Trust Dept.  
5757 Wilshire Boulevard, 7<sup>th</sup> floor  
Los Angeles, CA 90036-3600

PHONE: (323) 549- 6535

FAX: (323) 549-6550 / (323) 549-6040

Email: [ResidualTrust@sag.org](mailto:ResidualTrust@sag.org)

**[TO UPDATE YOUR PRIMARY CONTACT INFORMATION:]**

Your primary mailing address will be used for all SAG mailings, including dues bills, unless you complete the "Billing Address" line on this form.

**\*NOTE:** Non-Franchised agents may not be listed as your primary contact. If you have any questions as to your agent's status with the Guild, please contact the Agency Department at 323-549-6745 (Hollywood) or 212-827-1438 (New York) for additional information before completing this form. **Failure to follow these procedures correctly may significantly delay processing your requested changes, as well as receipt of residuals checks or important billing information.**

PROFESSIONAL NAME: \_\_\_\_\_

PRIMARY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Please indicate whether this is:     Agent         Attorney         Home         Other \_\_\_\_\_

**[TO UPDATE YOUR BILLING ADDRESS:]**

Complete this section if you wish to have your SAG dues bills mailed to an address that is different from your **primary mailing address**.

PROFESSIONAL NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Please indicate whether this is:     Agent         Attorney         Home         Other \_\_\_\_\_

**[TO TRANSFER YOUR BRANCH AFFILIATION:]**

In order to receive SAG mailings or Board election materials relevant to the geographic area in which you reside (state or region), it may be necessary for you to transfer your branch affiliation.

I WISH TO TRANSFER MY MEMBERSHIP FROM THE \_\_\_\_\_ BRANCH TO THE \_\_\_\_\_ BRANCH

**[MEMBER AUTHORIZATION:]**

**To maintain confidentiality and avoid unauthorized changes, you must sign this form below. Then fax, email or mail this form to the Guild.**

LEGAL NAME: \_\_\_\_\_ LEGAL SIGNATURE: \_\_\_\_\_

PROFESSIONAL NAME: \_\_\_\_\_ PROFESSIONAL SIGNATURE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SAG ID NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

**If member is a minor, signatures of both parents or legal guardian are needed. Legal proof of guardianship is required.**